

# BOARD BRIEFS



## HÔTEL-DIEU GRACE HOSPITAL HIGHLIGHTS FROM THE MEETING OF THE BOARD OF DIRECTORS

November 26, 2008

### **FINANCE COMMITTEE REPORT – Mr. Allison October 2008 Operating Results**

Mr. Benzinger reported that there was a surplus from hospital operations of \$635,000. He stated that after inclusion of building related expenditures, the net deficit is \$81,000 which is a negative YTD variance from the plan of \$602,000. He indicated that the forecasted operating surplus is at \$1.3 million. The nursing ratio is at 77.4 percent and FTE's are at 1,478.0 compared to 1,510.1 at this time last year. Sick time continues to be below plan and overtime is higher than plan. Quarterly reviews are being held with departments who are over budget to determine the reasons for the variance and the back to budget plan.

### **Capital Budget Update**

Mr. Benzinger reported that expert panels identified \$2.7 million in items that can safely be deferred. The Senior Team also agreed to defer the purchase of the Digital Mammography (\$600,000) with the remainder of the savings being achieved through timing of purchases.

### **PATIENT SAFETY AND COMMUNITY CARE COMMITTEE – Mr. Paul Dollar**

Mr. Dollar reported that a very informative presentation was made by Patient and Community Advocates Pat Best and Joanne Desjardins. They reported that the highest number of concerns are in the ER at 29. Mr. Dollar pointed out that this is not due to the care the patients are receiving, but more to do with wait times as well as communication with the patient. He stated that the manner in which patients are communicated with is a concern. Mr. Dollar advised that each and every concern is investigated and the Patient Advocates meet face to face with complainants.

Mr. Dollar advised that an Ambassador for new admissions began in October 2008. She visits and welcomes all new admissions ensuring each patient has received a patient handbook. Feedback to date has been very positive.

Mr. Dollar reported that the committee is considering the suggestion that HDGH should conduct a community exercise where members of the community are invited to give their perspective of their journey while they were a patient in the hospital. He stated that HDGH is not hearing from dissatisfied customers after discharge and that there should be follow up with patients to allow them to speak about their hospital stay. Mr. Dollar indicated that this concept will be followed up with our Patient Advocates.

### **Patient Safety Monitor**

Mr. Dollar reported that there are two new patient safety indicators "Acute Myocardial Infarction after Major Surgery" and "Death two and four days Post Op Any Surgery". He stated that there is a high percentage compliance of medication reconciliation in the ER and CTU and that HDGH is at the same stage or close to other hospitals.

The CCOT team recently celebrated their first year of operation and have made a tremendous difference with the nursing units. There is great satisfaction noted from our nurses that the CCOT Team respond within moments to help assess the patient.

Mr. Dollar indicated that HDGH had one case of C. difficile in the public report for August which was well below the provincial rate. MRSA and VRE are scheduled to be publicly reported in December.

Medication incidents and falls is a significant part of the patient safety monitor. Mr. Dollar reported that Best Practice guidelines for falls are in place. He stated that the information in the monitor is brought to the Professional Nursing Practice Team, Interdisciplinary Team and the MAC.

# BOARD BRIEFS



## MANAGEMENT REPORTS

### REPORT OF THE INTERIM CHIEF EXECUTIVE OFFICER – Mr. John Coughlin

2008 HOSPITAL KEY METRICS		November 2008 Report									
METRIC	TARGET	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
<b>PATIENT FLOW</b>											
OCCUPANCY Percentage	90	95	96.7	93.9	93.6	95.9	89	95.1			
AVG LENGTH OF STAY - Days	6.5	7.9	7.4	7.8	7.6	7.2					
<b>SAFETY OF CARE</b>											
PATIENT SATISFACTION (IP) - Percentage	90	90	85.3	82.1	87.7	90.8					
FALLS RATE	0.55	0.51	0.51	0.7	0.86	0.57	0.55	0.49			
HSMR Rate	100	60	57	59	63	49					
<b>PEOPLE FRIENDLY PLACE</b>											
STAFF SATISFACTION %	88.6	68.7									
PHYSICIAN SATISFACTION %	91.9	74.5									
<b>AFFORDABILITY</b>											
YTD Margin \$ in Millions	4	-0.389	-0.45	-0.456	-0.428	-0.011	0.365	0.635			
% Dept Over budget - total budget	10	52.5	53.5	52.5	48.1	47.5	48.5	50			

\* change to financial indicator from % dept hrs over budget to % dept over budget - total budget  
 \*HSMR changed to HSMR rate excluding palliative care as this is reported monthly through CIHI now - public reporting will be all cases and this will be reported here as a footnote quarterly  
 \* Current projected YE Margin 1.3million  
 \*HSMR - all cases YTD rate 102  
 \*Patient Satisfaction values has been updated for April-August 2008

### OHA Health Achieve

The OHA Convention was attended by several Board members and 3 members of the Senior Leadership Team. They attended many excellent educational sessions including the OHA Annual Meeting, the general session where Retired General Rick Hillier and the Right Honourable Jean Chretien spoke about leadership, sessions on Hospital Governance, Lean, Community Engagement, Cancer Care Ontario initiatives, Physicians Role in Providing a Safe Workplace, Patient Safety, Engaging a Changed Workforce, Finding the Edge in Innovation and LEAN Six Sigma at Kingston General.

### Transformational Plan of Care

Two more Rapid Improvement Events (RIE's) were held during the week of November 10<sup>th</sup>.

One RIE examined the process of turning beds over from one patient to the next. The team looked at how much time actually elapsed from the time a patient was discharged and leaves their bed until a new patient is actually admitted to the bed. The team looked at the causes of delays in the process and standardized "triggers" to get the bed cleaned without delay as well as "triggers" to let staff in ER know that a bed had been cleaned and allocated for an ER patient.

The other RIE looked at the waste of OR supplies. The team found that too many supplies are kept in rooms where they are not needed and that the wrong items are often opened due to confusion as to the name of the item, causing the item to be contaminated and wasted. The team developed a pre-surgical "huddle" to clearly communicate amongst the team what items were going to be needed for that case, what the correct names of each item was and where the items were located. This countermeasure was found to reduce the number of items opened unnecessarily and wasted and to reduce the surgical time.

Next month, we are going to conduct RIE's to utilize LEAN concepts to help design the new addition so as to improve the flow of patients and increase capacity while adding value in the eyes of the patient. We will also continue to look at ways of reducing the cost of OR supplies and improving the discharge processes throughout the hospital.

### Heart & Soul Gala

The Gala marking the 5<sup>th</sup> anniversary of the Hotel-Dieu Grace Hospital Foundation Gala, was held on Friday, November 14<sup>th</sup> at the Ciociaro Club and was a great success. It was attended by over 900 patrons and was a good

# BOARD BRIEFS



mix of front-line staff, physicians, managers, board members, sisters, Salvation Army staff, suppliers, sponsors and community members. There was an atmosphere of collegiality, appreciation and fun. The event raised considerable money for the foundation to help fund equipment needs for Hotel-Dieu Grace Hospital to enable its staff to better care for our patients. Special sponsorship awards were presented to the "A" Channel, The Windsor Star, AM 800 CKLW and Koolini's – all of whom are founding supporters of our Gala.

## **MRI Opening**

On Monday, Nov. 17<sup>th</sup>, we celebrated the opening of our new state-of-the-art Magnetom Avanto 1.5T MRI Suite. We would like to acknowledge and thank the Hotel-Dieu Grace Hospital Foundation and the FJD Dragon Boat Race for the Cure organization for their support to enable us to acquire this important diagnostic equipment. Dr. Igor Gabinsky and Mary-Alice Beneteau were on hand to explain the features of this equipment which is yet another tool in our toolbox that enables our staff to better diagnose and care for our patients.

## **Accreditation Appreciation**

On Wednesday, Nov. 19<sup>th</sup>, Gid Sovran and Paul Dollar were on hand on behalf of the board as well as Pat Somers and myself to acknowledge and appreciate all of our staff for their hard work and contribution towards a fabulous accreditation initial report. Staff were treated on all shifts to pizza, cake and pop. A letter cosigned by Gid Sovran and myself was distributed to the staff acknowledging and thanking the staff for their dedication and to quality and patient safety as evidenced by the accreditation survey.

## **Operational Review**

The Senior Team and Frank Chalmers, our Account Manager from the ESC LHIN will be meeting with Mark Hundert from the Hay Group on Friday, Nov. 21<sup>st</sup> to kick-off the operational review. The meeting is to be used for confirmation and refinement of the plan for the operational review and to deal with some of the outstanding questions regarding approach and methodology, comparators, benchmark levels of performance, treatment of ALC in clinical efficiency, etc. and issues within the hospital that they should be aware of. Several physician groups are anticipating their involvement and we look forward to a realizable action plan.

## **REPORT OF THE CHIEF NURSING EXECUTIVE – Mrs. Patricia Somers**

### **Clinical Decision Unit Pilot**

On October 1, 2008 the "virtual" CDU pilot was launched in the HDGH emergency department. From October 1 – 31 the following activity has been captured:

Total number of CDU admits	= 92
Number admitted to hospital	= 17
Percentage admitted to hospital	= 18% (goal less than 30%)
Average LOS in CDU	= 16 hrs 29 min. (goal less than 24 hrs)

This data is being monitored by the MOH and is part of our signed agreement with the MOH. The pilot runs until July 2009. It is hoped that our participation in this pilot will be helpful in monitoring patient flow and safety in the emergency department. Our data will be compared to the other pilot hospitals.

## **Nursing Leadership Network (NLN) of Ontario**

Virginia Walsh and Eleanor Groh have been successful in their submission to present at the March 2009 NLN Conference in Toronto. Their submission is entitled: "Managing Change: A Model for Analysis, Implementation, Spread and Sustainment- One Hospital's Experience".

## **Acute Coronary Syndrome – Guidelines Applied in Practice (GAP)**

In 1981 the American College of Cardiology in partnership with the American Heart Association began developing clinical practice guidelines to assist in the diagnosis and management of patients with various cardiovascular diseases. The Guideline Applied in Practice (GAP) program was developed in 2000 to improve quality of care by

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# BOARD BRIEFS



improving adherence to clinical practice guidelines. GAP is a multifaceted intervention aimed at key players in the care delivery triangle: the physician, the nurse and the patient. There are a number of quality indicators that are measured in the GAP Initiative. They include but are not limited to early therapy in acute myocardial infarction (i.e. aspirin within 24 hrs, etc) and discharge therapy (i.e. aspirin at discharge, beta blockers at discharge, smoking cessation, cholesterol lowering therapy, dietary counseling, etc).

The GAP initiative has been endorsed in Ontario by the Cardiac Care Network. At a kick-off meeting in September, HDGH was asked to be the ESCLHIN lead in implementing the GAP program. On November 18<sup>th</sup> a dinner was held for hospitals from all three counties to kick off the GAP initiative LHIN wide. Representatives from the LHIN as well as hospitals from the LHIN were present.

Since September our team has been working very hard to prepare for the implementation of the GAP program. HDGH will go live with the implementation of the GAP initiative in January 2009. In doing so HDGH will be the first hospital in the province to launch the Guidelines.

## **REPORT OF THE BOARD CHAIR – Mr. Egidio Sovran**

Mr. Sovran congratulated the hospital staff for its successful one-day symposium on Creating a Culture of Respect in the Workplace. He thanked the board members who were able to attend the symposium for their support and asked Mrs. Shari Cunningham to review highlights from the day's events.

He also extended his appreciation to the Foundation and the Foundation staff for organizing an extremely successful gala. He indicated to the Board that attendance was the highest ever and the event raised about \$100,000 for the hospital.

## **REPORT OF THE FOUNDATION– Mrs. Kim Spirou**

Ms. Spirou reported on the tremendous success of this year's Heart & Soul Gala, thanking all the volunteers who helped out and the board members who supported this great event. The gala netted about \$100,000 for the Foundation and the hospital, up by over 10 percent from last year.

With respect to the campaign, Mrs. Spirou reported that we are inching closer to 100 percent financial participation from board members around the table. There are still eight who have not made their contribution. We are hoping that each of you will make your donation by Christmas.

Mrs. Spirou thanked Jim Evans, Walter Benzinger and Dan Allen for agreeing to join the campaign cabinet team. In these tough economic times, having the right volunteers will be critical to our success and Mrs. Spirou encouraged the board to bring names forward of people they feel may be able to assist on campaign cabinet.

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# BOARD BRIEFS



## **ISSUES UPDATE – Senior Leadership Team**

### **Integration Briefing Note**

The Erie St. Clair LHIN hosted a *StrategiCare* '08 Revisioning Day on Saturday Nov. 15<sup>th</sup> at the Caboto Club. It was attended by 76 people from Leamington District Memorial Hospital, Windsor Regional Hospital and Hotel-Dieu grace Hospital. This number was made up of 5 board members, 7 executive team members and 5 MAC members from WRH, 8 board members, 3 executive team members and 4 MAC members from LDMH and 18 board members, 5 executive team members and 16 MAC members from HDGH. It was an excellent turnout from our hospital and I thank you for your support regarding this strategic issue.

Gary Switzer and Ralph Ganter from the LHIN provided the background for the session and Chris Hellyar from the Hay Group facilitated the group discussion on the previous vision and what was needed to improve it or validate it. Dr. Gillian Kernaghan, Integrated Vice-President Medical Education and Medical Affairs, LHSC and SJHC gave a presentation on SJHC and LHSC Integrated/Collaborative Physician Initiatives. I thought the dialogue from the Board members and physicians was generally beneficial from the point of view of trying to move forward in a meaningful way with clinical integration across the Windsor Essex Region. We look forward to determining our next steps.

### **REPORT OF THE CHIEF OF STAFF – Dr. Art Kidd**

No Report

### **REPORT OF THE PRESIDENT OF THE MEDICAL STAFF – Dr. R. Bacchus**

No Report

Meeting adjourned at 7:00 p.m.